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**CONFIDENTIAL  
FACSIMILE TRANSMITTAL SHEET**

**DATE SENT:** March 21, 2005

**DELIVER TO:**

**Name:** Examiner Gregory Issing

**Company:** USPTO / GAU 3662

**Fax No:** 703-872-9306

**FROM:** Linda Chan

**YOUR FILE:** 10/799,475

THERE WILL BE A TOTAL OF **18** PAGE(S) INCLUDING THIS COVER SHEET.  
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- Transmittal Form
- Terminal Disclaimer
- Fee Transmittal
- Petition for Extension of Time
- Amendment

PTO/SB/21 (04-04)

Approved for use through 07/31/2008. OMB 0661-0031

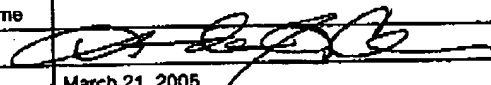
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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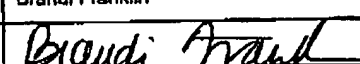
<b>TRANSMITTAL FORM</b> (to be used for all correspondence after initial filing)	Application Number	10/799,475
	Filing Date	3/11/04
	First Named Inventor	Hajime Hamada et al.
	Art Unit	3662
	Examiner Name	Gregory Issing
Total Number of Pages in This Submission	Attorney Docket Number	FUSA 18.128B

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance communication to Technology Center (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): <i>Terminal Disclaimer</i>
Remarks		

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Linda S. Chan
Signature	
Date	March 21, 2005

## CERTIFICATE OF TRANSMISSION/MAILING

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Typed or printed name	Brandi Franklin		
Signature		Date	March 21, 2005

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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PTO/SB/17 (10-03)

Approved for use through 07/31/2008. OMB 0651-0032

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# FEE TRANSMITTAL for FY 2005

Effective 10/01/2003. Patent fees are subject to annual revision.

☐ Applicant Claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$130.00)

## Complete if Known

Application Number 10/799,476  
 Filing Date 3/11/2004  
 First Named Inventor Hajime Hamada  
 Examiner Name Gregory Issing  
 Art Unit 3652  
 Attorney Docket No. FUSA 18.128B

## METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit card ☐ Money Order ☐ Other ☐ None☒ Deposit Account

Deposit Account Number 50-1290  
 Deposit Account Name Katten Muchin Zavis Rosenman

The Director is authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☒ Credit any overpayments☒ Charge any additional fee(s) or any underpayment of fee(s)☐ Charge fee(s) indicated below, except for the filing fee

to the above-identified deposit account.

## FEE CALCULATION

## 1. BASIC FILING FEE

Large Entity Fee Code	Large Entity Fee (\$)	Small Entity Fee Code	Small Entity Fee (\$)	Fee Description	Fee Paid
1001	700	2001	395	Utility filing fee	
1002	350	2002	175	Design filing fee	
1003	550	2003	275	Plant filing fee	
1004	790	2004	395	Reissue filing fee	
1005	160	2005	80	Provisional filing fee	

SUBTOTAL (1) (\$0)

## 2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

Total Claims	Extra Claims	Fee from below	Fee Paid
Independent Claims	-20**	X	
Multiple Dependent	-3**	X	

Large Entity Fee Code	Large Entity Fee (\$)	Small Entity Fee Code	Small Entity Fee (\$)	Fee Description	Fee Paid
1202	18	2202	9	Claims in excess of 20	
1201	88	2201	44	Independent claims in excess of 3	
1203	300	2203	150	Multiple dependent claim, if not paid	
1204	88	2204	44	**Reissue independent claims over original patent	
1205	18	2205	9	**Reissue claims in excess of 20 and over original patent	

SUBTOTAL (2) (\$0)

\*\* or number previously paid, if greater. For Reissues, see above

## FEE CALCULATION (continued)

## 3. ADDITIONAL FEES

Large Entity Fee Code	Large Entity Fee (\$)	Small Entity Fee Code	Small Entity Fee (\$)	Fee Description	Fee Paid
1051	130	2051	65	Surcharge - late filing fee or oath	
1052	60	2052	25	Surcharge - late provisional filing fee or cover sheet	
1053	130	1053	130	Non-English specification	
1812	2,520	1812	2,520	For filing a request for <i>ex parte</i> reexamination	
1804	920*	1804	920*	Requesting publication of SIR prior to Examiner action	
1805	1,840*	1805	1,840*	Requesting publication of SIR after Examiner action	
1251	110	2251	55	Extension for reply within first month	
1252	430	2252	215	Extension for reply within second month	
1253	980	2253	490	Extension for reply within third month	
1254	1,530	2254	765	Extension for reply within fourth month	
1255	2,080	2255	1,040	Extension for reply within fifth month	
1401	340	2401	170	Notice of Appeal	
1402	340	2402	170	Filing a brief in support of an appeal	
1403	300	2403	150	Request for oral hearing	
1451	1,510	1451	1,510	Petition to Institute a public use proceeding	
1452	110	2452	55	Petition to revive - unavoidable	
1453	1,370	2453	685	Petition to revive - unintentional	
1501	1,370	2501	685	Utility issue fee (or reissue)	
1502	490	2502	245	Design issue fee	
1503	680	2503	330	Plant issue fee	
1460	130	1460	130	Petitions to the Commissioner	
1807	60	1807	60	Processing fee under 37 CFR 1.17(e)	
1808	180	1808	180	Submission of Information Disclosure Stmt	
8021	40	8021	40	Recording each patent assignment per property (times number of properties)	
1809	790	2809	395	Filing a submission after final rejection (37 CFR 1.129(a))	
1810	790	2810	395	For each additional invention to be examined (37 CFR 1.129(b))	
1801	790	2801	395	Request for Continued Examination (RCE)	
1814	130	2814	65	Request for expedited examination of a design application	130*

Other fee (specify)

\*Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$130)

## SUBMITTED BY

Name (Print/Type) Linda S. Chan

Registration No. (Attorney/Agent)

42400

## Complete (if applicable)

Telephone

212-940-8800

Date

3/21/2005

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PTO/SB/17 (10-03)

Approved for use through 07/31/2008. OMB 0851-0032

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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<b>FEE TRANSMITTAL</b> <b>for FY 2005</b> Effective 10/01/2003. Patent fees are subject to annual revision.	<b>Complete If Known</b>		
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<b>TOTAL AMOUNT OF PAYMENT</b>		<b>(\$)</b> 130.00	

<b>METHOD OF PAYMENT (check all that apply)</b> <input type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None <input checked="" type="checkbox"/> Deposit Account Deposit Account Number: 50-1290 Deposit Account Name: Katten Muchin Zavis Rosenman The Director is authorized to: (check all that apply) <input checked="" type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments <input checked="" type="checkbox"/> Charge any additional fee(s) or any underpayment of fee(s) <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.		<b>FEE CALCULATION (continued)</b>																																																																																																																																																																																																																			
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1801	790	2801	395	Request for Continued Examination (RCE)																																																																																																																																																																																																																	
1814	130	2814	65	Request for expedited examination of a design application	130																																																																																																																																																																																																																
<b>2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE</b> <table border="1"> <thead> <tr> <th>Large Entity Fee Code</th> <th>Large Entity Fee (\$)</th> <th>Small Entity Fee Code</th> <th>Small Entity Fee (\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr> <td>1202</td> <td>18</td> <td>2202</td> <td>9</td> <td>Claims in excess of 20</td> <td></td> </tr> <tr> <td>1201</td> <td>88</td> <td>2201</td> <td>44</td> <td>Independent claims in excess of 3</td> <td></td> </tr> <tr> <td>1203</td> <td>300</td> <td>2203</td> <td>150</td> <td>Multiple dependent claim, if not paid</td> <td></td> </tr> <tr> <td>1204</td> <td>88</td> <td>2204</td> <td>44</td> <td>**Reissue independent claims over original patent</td> <td></td> </tr> <tr> <td>1205</td> <td>18</td> <td>2205</td> <td>9</td> <td>**Reissue claims in excess of 20 and over original patent</td> <td></td> </tr> </tbody> </table>		Large Entity Fee Code	Large Entity Fee (\$)	Small Entity Fee Code	Small Entity Fee (\$)	Fee Description	Fee Paid	1202	18	2202	9	Claims in excess of 20		1201	88	2201	44	Independent claims in excess of 3		1203	300	2203	150	Multiple dependent claim, if not paid		1204	88	2204	44	**Reissue independent claims over original patent		1205	18	2205	9	**Reissue claims in excess of 20 and over original patent		<b>Other fee (specify)</b> *Reduced by Basic Filing Fee Paid <b>SUBTOTAL (3)</b> <b>(\$)</b> 130																																																																																																																																																																															
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<b>SUBTOTAL (1)</b> <b>(\$)</b> 0 <b>SUBTOTAL (2)</b> <b>(\$)</b> 0 ** or number previously paid, if greater; For Reissues, see above																																																																																																																																																																																																																					

<b>SUBMITTED BY</b>		<b>Complete (if applicable)</b>	
Name (Print/Type)	Linda S. Chan	Registration No. (Attorney/Agent)	42400
Signature		Telephone	212-940-8800
		Date	3/21/2005

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